MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51				/		
2				/			52						
3				/			53						
4				/			54						
5				/			55						
6				/			56						
7							57						
8							58						
9				/			59						
10				/			60						
11							61						
12				/			62						
13							63						
14				/			64						
15				/			65						
16				/			66						
17				/			67						
18				/			68						
19				/			69						
20				/			70						
21				/			71						
22				/			72						
23				/			73						
24				/			74						
25				/			75						
26				/			76						
27				/			77						
28				/			78						
29				/			79						
30				/			80						
31			/				81						
32				/			82						
33				/			83						
34				/			84						
35				/			85						
36				/			86						
37							87						
38				/			88						
39				/			89						
40				/			90						
41			/				91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47			/				97						
48				/			98						
49							99						
50				/			100						
TOTAL IND.			4				TOTAL IND.			0			
TOTAL DEP.			38				TOTAL DEP.			1			
TOTAL CLAIMS			42				TOTAL CLAIMS			1			